

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44762
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 593

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TOPLIN			c. CITY OR TOWN TOPLIN		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2302 PENN			d. STREET ADDRESS (If outside, give location) 1003 FURNACE		
3. NAME OF DECEASED (Type or print) First REBECCA M. Middle DOKE Last DOKE			4. DATE OF DEATH Month DEC Day 5 Year 1957		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH MAY 9, 1870		9. AGE (In years, months, days) 87		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE W. FEE DOMESTIC			10b. KIND OF BUSINESS OR INDUSTRY LAWRENCE CO., MO		
11. BIRTHPLACE (City and state or country) U. S. A.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME ELIAS EDENS		13b. MOTHER'S MAIDEN NAME MARY ANN W. WENSTER		14. NAME OF HUSBAND OR WIFE OLIVER (DECEASED)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT Address JAMES DOKE TOPLIN, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 17 Sept 57 to 26 Nov 57 and last saw her alive on 26 Nov 57 Death occurred at 6:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ch. Davis MD (Degree or title)			22b. ADDRESS Galena Kans		22c. DATE SIGNED 12-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
BURIAL		DEC 7, 1957		FOREST PARK	
24. FUNERAL DIRECTOR ADDRESS Hurlbut Glover Joplin		25. DATE RECD. BY LOCAL REG. 12-16-1957		26. REGISTRAR'S SIGNATURE Dorice Merriam	

RECEIVED
Jasper County Health Office
County File Number 57-12-1057
Date Filed DEC 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4593

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.